



# Delegated Processing Procedures Schedule of Projects

## Appendix 1

**Public reporting burden** for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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To: \_\_\_\_\_  
*Delegated Processing Agency*

From: \_\_\_\_\_  
*HUD Multifamily Hub/Program Center with Jurisdiction*

**Sponsor's Name:** \_\_\_\_\_

**Sponsor's Address:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_

**Capital Advance Amount:** \_\_\_\_\_

**PRAC Number:** \_\_\_\_\_

**PRAC Amount:** \_\_\_\_\_

**Owner Type:**

\_\_\_\_\_ Nonprofit  
\_\_\_\_\_ Limited Partnership

**Production Method:**

\_\_\_\_\_ New Construction  
\_\_\_\_\_ Rehabilitation  
\_\_\_\_\_ Acquisition with or without repairs

**Building Type** \_\_\_\_\_

\_\_\_\_\_ Elevator  
\_\_\_\_\_ Non-Elevator

Total Buildings in Project \_\_\_\_\_

\_\_\_\_ Number of PRAC Assisted  
Units  
\_\_\_\_ Number of Non-PRAC Assisted  
\_\_\_\_ UnitsTotal Number of Units in  
the Project  
\_\_\_\_ Unit Type (# of bedrooms)  
\_\_\_\_ Units Efficiency  
\_\_\_\_ Units One Bedroom  
\_\_\_\_ Units Two Bedroom  
\_\_\_\_ Units Three Bedroom  
\_\_\_\_ Units Four or more Bedrooms  
\_\_\_\_ Non-revenue Units  
\_\_\_\_ **Total**

**Additional Financing**

\_\_\_\_ Tax Exempt Bonds  
\_\_\_\_ Tax Credits  
\_\_\_\_ 4 Percent Low Income \_\_\_\_ 9 Percent Low Income  
\_\_\_\_ Historic Preservation \_\_\_\_ New Market  
  
\_\_\_\_ Federal Loans  
\_\_\_\_ Federal Grants  
\_\_\_\_ State Loans  
\_\_\_\_ State Grants  
\_\_\_\_ Local Loans  
\_\_\_\_ Local Grants  
\_\_\_\_ HOME Funds  
\_\_\_\_ Loan from Federal Home Loan Bank  
\_\_\_\_ Other with remarks

Remarks \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory for HUD

\_\_\_\_\_  
Date

Accept the Assignment \_\_\_\_ Yes \_\_\_\_ No.  
\_\_\_\_ Level A \_\_\_\_ Level B \_\_\_\_ Level C

\_\_\_\_\_  
Authorized Signatory for the DPA

\_\_\_\_\_  
Date